



**STATE OF GEORGIA  
DEPARTMENT OF MOTOR VEHICLE  
SAFETY  
P.O. BOX 80447  
CONYERS, GEORGIA 30013  
404-657-9300**

**CERTIFICATE OF NON-COMPLIANCE**

TYPE OR PRINT IN INK

Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street and Apartment Number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Apartment Number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person \_\_\_\_\_  
Print or Type Name \_\_\_\_\_  
Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary: \_\_\_\_\_  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

The above named student:

☐ has accumulated more than ten consecutive school days of unexcused absences in a semester or combination of two consecutive quarters.

has been suspended or expelled from school for:

- ☐ a.) threatening, striking or causing bodily harm to a teacher or other school personnel.
- ☐ b.) possession or sale of drugs or alcohol on school property
- ☐ c.) possession or use of a weapon on school property